



*Caring From
Every Perspective*

CONNECTICUT COMMUNITY CARE, INC

43 Enterprise Drive
Bristol, CT 06010-7472
Telephone: 860-589-6226
Facsimile: 860-585-0858

DIVISIONS:

Care Management Associates

Case Management Institute

CyberCAM

HB 6350

Oppose Elimination of Funding to CT Independent Living Centers

Appropriations Committee

Public Hearing February 22, 2013

Molly Rees Gavin, President

Sentator Harp and Representative Walker and esteemed members of the Appropriations Committee:

Connecticut Community Care, Inc. (CCCCI) stands in support of our Independent Living Centers and opposes the Governor's proposal to eliminate funding for CT's Centers for Independent Living. CCCI is a statewide, nonprofit conflict-free care management organization providing an array of assessment and coordination assistance for public and private programs. We have had the priveledge of working with the Eastern and North Central Centers on critical initiatives such as Money Follows the Person and community emergency preparedness for people with access and functional needs. In partnership with these Centers we continue to build a coordinated network of information and assistance or "no wrong door" to long term services and supports.

The state dollars designated for elimination have been used to provide training and mentoring to help people with disabilities live productive lives and to support people who transition out of nursing homes not to simply live in the community, but to thrive in doing so. Our Centers are the regional hub for promoting independence, autonomy, self-advocacy and self-sufficiency with and for people with disabilities. The Centers are dogged in working to change the perceptions and realities that prevent people with disabilities from sharing in the community – employment, housing, accessibility and systems change.

We ask that you oppose the elimination of their funding.

Testimony by the Center for Children's Advocacy Regarding Budget

Select Committee on Children

February 22, 2012

Submitted by Sarah Eagan, J.D., Alexandra Dufresne, J.D.

Senator Harp, Representative Walker, and distinguished members of the Appropriations Committee:

We submit this testimony on behalf of the Center for Children's Advocacy, a non-profit organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy.

A) Maximization of Federal Title IV-E Reimbursement: Serving DCF youth through age 21.

The current budget proposal for DCF estimates that the agency will receive \$7 million in additional federal revenue by *partially* opting into a relatively new federal option to extend child welfare services to youth through 21. Through the federal Fostering Connections to Success Act (PL 110-351, eff. 2008), for the first time federal law permits state child welfare agencies to receive Title IV-E reimbursement for serving youth age 18 to 21. Connecticut DCF's budget proposal rightly includes measures to seek this federal reimbursement for the most-majority youth that DCF currently serves. However, the DCF budget proposal may not *maximize* the opportunities available under the Fostering Connections Act.

1. Federal Reimbursement for serving DCF-involved youth over age 18 is now permitted due to overwhelming research regarding the potential benefit of such services.

The Federal Fostering Connections to Success Act and its support for extension of support services through age 21 was a response to national research regarding outcomes for youth who "age out" of foster care 18. These youth, who have spent their adolescent years and often much of their life in the care and custody of the state, are often ill-prepared to succeed independently without ongoing support. As a result youth who "age out" are less likely than the general population to complete high school, are more likely to become homeless, incarcerated or pregnant at an early age.¹ The Fostering Connections reforms were based on an increasing body of evidence demonstrating that strategic investments in supporting and educating these young people who would otherwise "age out" of foster care are essential to the success of our adolescents and their communities.²

¹ Powerpoint Presentation delivered by Mark Courtney at Success Beyond 18, December 6th, 2012

² Extending Foster Care to Age 21. Clark M. Peters, Amy Dworsky, Mark E. Courtney, Harold Pollack http://www.chapinhall.org/sites/default/files/publications/Issue_Brief%2006_23_09.pdf

Fostering Connections permits state child welfare agencies to draw down federal dollars to serve committed youth through age 21 so long as the youth is:

- a) enrolled in college,
- b) enrolled in a vocational program,
- c) working at least 80 hours per month,
- d) enrolled in a program that removes barriers to employment, or
- e) incapable of doing any of these things because of a medical condition.

Since 2008, over a dozen states around the country have sought to implement this new federal option and serve youth through age 21 consistent with the Fostering Connections to Success Act.

Although Connecticut has not yet amended its Title IV-E State Plan in this manner, our state laudably serves certain youth through age 21 *even without federal IVE reimbursement* if the youth continues to be enrolled in an academic or vocational program.

2. DCF's Current Budget Proposal Does Not Realize Full Fostering Connections Opportunities

- A) Current budget proposal does not seek to serve or draw down federal IVE dollars for all potential categories of foster youth.

DCF's current budget proposal seeks federal IVE reimbursement for serving a *few categories* of youth beyond age 18, namely those children who are in college, vocational school, or programs preparing youth for employment. The proposal **does not seek federal reimbursement for serving the additional categories of youth permitted by Fostering Connections**: a) youth who are enrolled in program designed to eliminate barriers to education, b) youth who are working 80 hours per month, or c) medically challenged youth.

These latter categories of youth are often the most vulnerable children we serve and may be the *least prepared* to "age out" of foster care at 18. Because they are not readily capable of participation in college or vocational-training, they currently lose their eligibility for ongoing DCF support services. The Federal government now permits states to continue to provide essential services to these youth, including housing support, educational support and independent living skills, while continuing to draw down federal reimbursement dollars. Again, if these youth do not continue to receive appropriate support services to complete education, obtain gainful employment or gain competitive life skills, they are the most likely to be homeless, incarcerated or otherwise dependent on the state as adults. DCF's current budget proposal does not fully realize the state's opportunity to extent support services for these youth with additional federal revenue support.

- B) Current budget proposal, structured as a limited extension of foster care, is not poised to maximize federal IV-E reimbursement for youth Connecticut serves.

DCF's current budget proposal includes serving *certain categories* of youth beyond age 18 and is structured as an "Extension of foster care." The proposed structure will allow DCF to draw down federal IV-E reimbursement for youth over the age of 18. DCF currently estimates that such a structure will result in \$7 million of IV-E revenue.

However, DCF can structure its post-majority services as a "voluntary re-entry" into care, rather than as an "extension of foster care." This is important because by changing the proposed structure of the post-18 service system, DCF may further maximize IV-E reimbursement. Title IV-E reimbursement for "foster youth" is tied to income status of the youth's parents. When a youth "re-enters" care at age 18, IV-E reimbursement amounts are tied to the youth's income and not his or her family's. In this way, structuring post-majority services as a "voluntary re-entry" by the young adult rather than as extension of support for the foster youth, ***DCF could potentially double the state's receipt of IVE revenue for this population.***

As stated above, other states have already amended their IV-E Plans submitted to the federal government to serve youth 18 to 21. Michigan has an *approved IVE plan* that requires youth to "re-enter care at age 18" to continue to receive support services, rather than technically continuing the youth in "extended foster care."³ This structure was approved by the federal government in 2011 and permits Michigan to establish more 18 to 21 year olds as IV-E eligible. If Connecticut were to structure its post-18 services similarly to Michigan, it follows that Connecticut should be able to substantially increase federal revenue support for older youth.

We must ensure that the youth who through no fault of their own, necessarily relied on DCF to raise them to adulthood may leave care with the necessary skills and supports to be a successful adult. Federal law now permits Connecticut to serve virtually all foster youth through age 21 or until they have these critical skills.

B. Additional DCF Budget Cuts

DCF has made a remarkable commitment and laudable progress in the last two years towards reducing its reliance on congregate care, particularly for younger children, increasing the rate of kinship care for abused and neglected children, and investing in its Differential Response Program, an evidence-based strategy to reduce maltreatment in low-risk child neglect cases. As a result of these commitments, DCF is serving more children in family settings, fewer children are removed from their homes, and families are increasingly being served through community-based services delivered through Differential Response rather than through a more costly and potentially litigious child protection system.

The Governor's proposed budget acknowledges the agency's reduced reliance on congregate care and the decreased number of children living in state custody. The

³ See, Michigan P.A. 225 and P.A. 226, 2011.

budget, accordingly, proposes future cuts in relevant spending categories totaling approximately \$10 million.⁴

It is essential, however, that DCF be permitted the financial means to ensure that the reduced reliance on traditional child protective services and congregate care is complemented by necessary investment in critical community-based mental health and family support services. For example, it is important that DCF's Differential Response Program receive the financial support necessary to be able to meaningfully fulfill its mission to divert families from the child welfare system, ameliorate neglect and improve outcomes for children. **The current budget proposal includes a cut of almost ten percent to the requested amount for Differential Response.**⁵

Since DCF has launched the DRS program a year ago, it has quickly become a well-utilized and critical component of the DCF service system, committed to ensuring the well-being of children through family assessments and targeted support services. We know that DRS is an evidence-based practice for reducing children's involvement in the child welfare system, and therefore it is precisely the type of program that must retain strong investment and financial commitment.

We strongly support permitting DCF to maintain necessary funding to keep children with families and obtain necessary services to support healthy development.

Thank you very much for your time and attention to these important issues.

Respectfully submitted:

Sarah Eagan, JD
Director of the Child Abuse Project

Center for Children's Advocacy
University of Connecticut School of Law
65 Elizabeth Street
Hartford, CT 06105

Date: February 22, 2013.

⁴ See, Governor's Budget Summary, Department of Children and Families.

⁵ *Ibid.*

ADDENDUM

Proposed suggestions for Bill 652: Creating a robust plan to meet the developmental needs of abused and neglected infants and toddlers

- A. There shall be an effective data tracking mechanism to evaluate what percentages of children in the 652 pilot demonstrate developmental delays qualifying them for Birth to 3 services; what categories of delays are exhibited by the children and what services they receive from Birth to Three.
- B. All abused and neglected children referred by DCF and evaluated by Birth to Three shall receive an evidence-based screen for social-emotional and behavioral problems such as the BITSEA or its equivalent. Nothing in the DDS regulations shall be used to prevent an eligibility determination for a child who scores two standard deviations away from the mean on the screen.
- C. DCF and DDS shall report to the legislature regarding efficacy of statewide efforts to identify all children, birth to three, who have substantiations of abuse or neglect or are being served through DCF's Differential Response System, and ensure appropriate evaluation and early intervention service delivery. Efforts to identify and meet the developmental needs of these children shall include meeting their social and emotional needs through administration of validated assessments and provision of evidence-based treatment services by accredited providers and mental health agencies. The report would help ensure Connecticut's compliance with the Child Abuse Prevention and Treatment Act.⁶
- D. DCF shall ensure provision of ongoing developmental assessment for children birth to five in its care and/or custody through at least quarterly administration of evidence-based screens for developmental and social/emotional delays and impairments. DCF shall maintain data on these efforts and report annually to the legislature regarding how the service needs for such children are being identified and met. The report should outline what evidence-based screens and services are employed by the agency and the agency's plan to maximize federal revenue streams, including federal grant and Medicaid dollars, for such services. The report should identify agency concerns and recommendations regarding training and/or service capacity to meet the needs of abused and neglected children for early intervention services. DCF shall also document what services are being provided to children that are deemed at-risk of developmental delay and impairment but who are deemed not eligible for Part C Birth to Three services.
- E. DCF shall be included in the list of agencies and providers in § 17a-248d that have an obligation to expeditiously refer children to the state Birth to Three program.

⁶ DDS is already required by state statute (§ 17a-248b and d) to collect data regarding the number and origin of referrals generally, eligibility determinations and services provided. The current statute does not require that the report address referrals and services involving DCF-involved children.

Respectfully submitted by:

Sarah Eagan, JD
Director of the Child Abuse Project

Alexandra Dufresne, JD
Staff Attorney

Center for Children's Advocacy
University of Connecticut School of Law
65 Elizabeth Street
Hartford, CT 06105

Date: February 14, 2013